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The Potential of Nordoff-Robbins Music Therapy Techniques in Music Therapy Practice for People Living with Dementia: A Literature Review

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Abstract

The number of people with dementia has sustained growth in recent years. According to the World Health Organization (2012), dementia is one of the major causes of the loss of ability and independence for older adults worldwide. Due to the increase in the needs and demands of this population, there are more and more music therapy professionals devoting their effort to this field. Among a variety of music therapy approaches, Nordoff-Robbins Music Therapy practitioners also expand the ideas and beliefs from handicapped children to dementia care settings. There are six discussion topics in this literature review: (1) the main concepts of the Nordoff-Robbins approach; (2) examination of the current Nordoff-Robbins research and articles; (3) the effect of improvised music-making on people living with dementia; (4) the concept of developmental levels of dementia from Elizabeth Schwartz; (5) the NRMT techniques which can be utilized in dementia care settings; (6) discussion of how music therapists can utilize these concepts, ideas, and techniques in music therapy practice for working with geriatrics.

Keywords: Nordoff-Robbins Music Therapy (NRMT), dementia, geriatrics, improvised music-making, developmental levels.

The Potential of Nordoff-Robbins Music Therapy Techniques in Music Therapy Practice for People Living with Dementia: A Literature Review

This paper will focus on how to utilize Nordoff-Robbins Music Therapy (NRMT) techniques in dementia care with the geriatric population. Through the method of literature review, this paper will illustrate four areas: (a) the concept of NRMT; (b) the examination of current research of NRMT for people with dementia; (c) the ideas of developmental levels; (d) the application of NRMT techniques in dementia care. The discussion portion will present the personal reflection and recommendation for the future researchers.

Dementia is a chronic decline in cognitive abilities due to an abnormal brain impairment. According to the World Health Organization (2012), "dementia is an overall term for several diseases affecting memory, other cognitive abilities and behavior that interfere significantly with a person's ability to maintain their activities of daily living" (p.7). The progressive deterioration includes memory, thinking orientation, comprehension, calculation, learning capacity, language, and judgment. Moreover, the impairment of cognitive functions also impacts emotional control and social behavior. As a result, it is a long-term progression for people with dementia from early stage to late stage. People with dementia gradually lose independence and autonomy. Professional caring and supports is required in order to maintain quality of life and enhance cognitive functions and social interaction.

Music Therapy is viewed as a non-intrusive treatment for people with dementia to increase social engagement and maintain a quality of life. Guerrero, Marcus, and Turry (2015) explain that involvement of music-related activities (e.g., singing, listening to music, playing instruments, musical improvising) can benefit social engagement and cognitive functions. Furthermore, active music-making can result in prevention or postponement of dementia. For

example, there is a positive effect on agitated patient behavior, reducing anxiety and aggressive behavior, restoring cognitive and motor function and overall improving quality of life through participating in music-related activities (p.387). Therefore, music therapy is an ideal intervention for people with dementia.

Among the various music therapy approaches, the NRMT approach is an active music therapy. It is a music-centered and improvisation-oriented approach. Guerrero, Marcus, and Turry (2016), NRMT practitioners, explain "the theories of Nordoff-Robbins Music Therapy is about music as therapy that evolved were developed from their lived experiences of music in clinical situations" (p.483). Nordoff and Robbins believe interactive music-making between the clients and therapist is a vital portion of a music therapy session. The clients are able to express their emotions and thoughts via musical creation, musical expression, and musical experience (Robbins 2011, p.66). The therapist and co-therapist use compositional music and improvised music to create a musical-emotional environment. Interactive, interpersonal, and collaborative active music therapy can engage clients to build trusting relationships with therapists. During the process, the collaborative therapist-client relationships activate the inner music child (Guerrero, Marcus, Turry 2016, p.187). Additionally, the musical-environment enables the Nordoff-Robbins music therapists to sensitively work with, and respond to the clients' movement, breathing, vocal sounds, improvised music, and emotions. Hence, the NRMT is an effective and beneficial support intervention.

Originally, NRMT was specifically developed for children with psychological, physical, and developmental disabilities. Nowadays, the current NRMT practitioners gradually explore possibilities to various populations. Mahoney (2016) illustrates that "current practitioners work with a wide range of clinical populations ranging in age and need from Neonatal Intensive Care

Units to end of life hospice care" (p.1). Although the practitioners of this specialized approach have been flexibly working with a wide spectrum of clinical populations, there is no change in the main idea of establishing a trusting client-therapist relationship and providing a musical-environment for the clients (Mahoney, 2016, p.37).

There are more NRMT practitioners dedicated to dementia care in recent years. Pavlicevic et al. (2015) state that the Nordoff-Robbins Music Therapy approach can benefit people with dementia via improvisational music therapy (p.666). Furthermore, based on the website of Nordoff-Robbins Music Therapy in London (2020), "this music-centered approach can help ease anxiety and disorientation, unlock memories, reduce isolation and help people living with dementia regain their sense of identity" (para 2). The NRMT music therapists apply the concept of collaborative improvisation in the dementia care settings. The music therapy settings could be individual sessions or small group sessions, depending on the clients' needs and ability.

NRMT is a well-developed approach. It can be applied in a wide range of populations such as special education, clinical care, dementia care, and so on (Mahoney, 2016). Recently, the NRMT practitioners have been concerned with dementia care settings due to the growth of population. Due to personal interest and curiosity of recent NRMT development, the literature review will introduce the main beliefs of NRMT and the current practice; examine the strengths and limitations of previous research; discuss the application of NRMT techniques in dementia care settings; and the recommendation for future music therapists and researches.

Literature Review

Nordoff-Robbins Music Therapy (NRMT) was founded by Paul Nordoff, an American professional composer and pianist, and Clive Robbins, a British special educator. They began their collaborative partnership in 1959. After Nordoff passed away in1977, Clive Robbins kept developing NRMT with his wife, Carol Robbins. Now, there are numerous Nordoff-Robbins Music Therapy centers throughout the world (e.g., London, New York, Australia) that provide comprehensive training for music therapists who are interested in the NRMT and a wide range of populations receive the NRMT intervention (Guerrero, Marcus, and Turry, 2016, p.482).

There is a variety of research to multiple types of approaches to clinical practice which shows that NRMT has positive effects on different populations from children with special needs to patients with Dementia. According to Guerrero, Marcus, Turry (2015), NRMT originally aimed to work with handicapped children. By musical improvising with children, the NRMT therapists improve handicapped children's function of communication and interpersonal interaction. Currently, Guerrero, Marcus, and Turry (2015) explain the next generation of Nordoff-Robbins practitioners develop the approach with different populations, including adults with developmental disabilities, patients with traumatic brain injury, and those seeking an alternative to traditional verbal psychotherapy" (p.197).

The NRMT therapists improve premature infants' brain functions and physical issues via music-making. Meanwhile, the parents of premature infants are able to establish a close relationship with their babies when they stay in NICU (Haslbeck, 2014). Additionally, a randomized controlled study reports that there are significant decreases in depression levels of adults with a primary diagnosis of depression after receiving six months improvising group music therapy (Erkkila, et al, 2018). Based on the quantitative and qualitative study, there are

significant improvements of the function of communication and interaction with autistic children after receiving regular six months NRMT sessions (Knapik-Szweda, 2015). There is another research that addresses how musical improvisation can benefit professional artists. According to the interview responses of participants, improvised music-making can relieve the fear and anxiety of making mistakes. Participants are able to freely explore music without any pressure and restrictions because the music therapist provides a safe space where they can express their own music. Furthermore, the collaborative relationships with other ensemble members become more close and interactive after the improvisation (Seabrook, 2019). The study suggests that there is a positive effect on people with dementia in assisted living recidences after receiving regular NRMT group and individual sessions (Pavlicevic, et al, 2015). Guerrero, Turry, Geller, & Raghavan (2014) illustrate the possibilities of using the Nordoff-Robbins Music Therapy in rehabilitation for children with physical disabilities. The interdisciplinary sessions provide service for the clients by musically supported physical exercises and movement within musical activities.

Although the approach of NRMT gradually is developing to be applied in a wide range of populations, the main principle of NRMT still maintain the original beliefs. The main concept of NRMT is that there are potentially normal and natural responses to music within every individual, irrespective of disability or illness. The music child can be activated by music-making processes (i.e., musical improvisation). Additionally, clients engaged with NRMT are able to establish co-active musical relationship with the music therapists during improvisational processes (Guerrero, Marcus, Turry, 2016, p.483). Mahoney (2016) states that “Nordoff and Robbins believed that effective therapy was not limited by the client’s pathology, age, or social and economic background” (p.1). This statement from Nordoff and Robbins can explain the

concept of the music child: Every individual has an inherent capacity for musical perception and response, no matter what degree of severity their disability. Nordoff and Robbins believe that musical improvisation is a therapeutic catalyst that enables the clients to enhance self-trust, communication skills, and strategies for social interaction (Nordoff, Robbins & Marcus, 2007). In other words, music is able to become a supportive resource for the client. They can express their emotions and feelings via musical improvising.

There are three interrelated levels of NRMT during music therapy sessions. First, the therapist utilizes the music as therapy via creating and improvising the music with the client. Music serves as the primary agent for therapeutic change in order to benefit the client's health. Second, musical improvisation is creatively used within each session by the therapist. The main goal is that the client can gain the therapeutic experience and interact with the therapist on a moment to moment basis. Third, the developmental progression is a vital portion of Nordoff-Robbins Music Therapy sessions. The therapist supports the client in establishing their own creative development from session to session via the therapeutic experience (Bruscia, 1987, p.32). Hence, improvising is viewed as the method that engages effectively the clients in music-making. Knapik-Szweda, S. (2015) illustrates that during the process, the music-making positively impacts the development of self-expression and the ability to interact with others. Therefore, musical improvisation is used as a medium to build a musical environment to interact with the clients, activate the inner music child, and allow the clients to express their emotions and feelings in a safe container.

NRMT is a client-oriented and music-centered method. Nordoff and Robbins emphasize that the freeing and development of the individual is more important than normalization. The music therapist plays an important role in exploring the client's inner experience until the client

is able to understand and express his or her own feelings and emotions. During the process of exploration, musical improvisation enables the clients to develop expressive freedom, communication and interresponsiveness (Bruscia, 1987, p.23). In other words, the Nordoff-Robbins music therapist needs to focus on the client's individual potential and create a musical container to encourage the client to develop his or her individual potential through musical improvisation.

NRMT is an approach highlighting the importance of building therapeutic relationships with clients via the process of making musical improvisation. Bruscia (1987) states that client-therapist relationships are established during music therapy sessions. The client is able to experience the moment of trust, acceptance, contact, achievement, and joy. Wigram, Pedersen & Bonde (2002) demonstrate that "the construction of creative music therapy is *Music as Therapy*. Music therapist establishes a trusting relationship with the client via music-making" (p.127).

The main beliefs of NRMT mentioned above are being adapted to dementia care settings by current Nordoff-Robbins practitioners. Pavlicevic et al. (2015) address that how NRMT has a positive effect on people with dementia in the following eight functioning domains. (1) maintain and improve active involvement; (2) social, emotional and cognitive skills; (3) decrease behavioral problems of people with dementia; (4) help with memory as well as verbal and non-verbal communication; (5) manage agitated behavior; (6) improve mood; (7) reduce behavioral disturbance; (8) and enhance interactive relationships including relationships between caregivers and people with dementia (p.661).

Cheong et al. (2016) adopt the Nordoff-Robbins Music Therapy approach to examine the effect on patients with dementia in acute hospital settings based on qualitative study. After receiving the 3-months period NRMT sessions, the 25 patients with dementia whom were all

over age 80, had positive improvement in the areas of constructive engagement, mood, and emotional behaviors. According to the results of this findings, the researchers believe music therapy is a non-pharmacological intervention, which has been used to improve engagement and decrease agitated behaviors in individuals with dementia. The Nordoff-Robbins music therapist builds and maintains the interconnection with the client by creating and improvising music. Furthermore, Cheong et al. (2016) emphasize that "as music improvisation is a creative yet flexible process, NRMT has the potential to transcend age and pathologies, verbal and functional abilities, possibly benefitting patient with dementia who have varying cognitive disabilities" (p.268). The findings indicate that the NRMT has positive effects on mood, engagement, general well-being, and quality of life for people with dementia in long-term care settings.

Fraser Simpson, a Nordoff Robbins music therapist, also believes that the principles of NRMT can be extended to work with people receiving dementia care. The improvised music making is a powerful medium for making contact, developing intercommunication skills, and facilitating individual and social integration by combating isolation and emotional disturbance. Moreover, the improvisational structure develops a musical relationship between therapist and client during the music making (Simpson, 2000, p.168). Simpson provides the analysis of a case study to record the treatment process of three months of NRMT sessions which shows positive improvement on an 87-year-old male who is in a moderate stage of dementia. Simpson (2000) divides eight sessions into three phases. After the assessment, the music therapist notices that the client presents withdrawal, apathy, and passivity. He is depressed about the loss of mobility and autonomy. His cognitive functioning has declined rapidly since he entered the nursing home. It is difficult for him to speak complex phrases and his expressive language ability is also very deteriorative. Additionally, he is very anxious about the unfamiliar environment and people. The

goals for treatment planning mainly focus on decreasing the level of depressive mood state, providing a sense of safety and trust, strengthening self-confidence and self-esteem, and creating a musical environment which allows the client to express his feelings without language limitation. In phase one, the therapist attempts to create a safe musical container for the client by playing songs that are familiar to the client. Although the client is resistant to play any instruments, a musical environment comforts his anxiety. His body gesture becomes relaxed. He starts humming, singing along with the therapist, responding to the music with his body (e.g., tapping feet, clapping, nodding). In phase two, a musical environment provides a safe space for the client to improvise with the therapist. The music-making process allows the client to have more interaction with the therapist. The client is able to build a trusting relationship with the therapist by listening to the music, singing songs, and playing percussive instruments. In phase three, the client plays the music more confidently and coherently compared with phase two. Furthermore, he has more verbal and physical interaction with the therapist during the music-making process. The client and the therapist explore a whole range of emotions together. He is able to express feelings and emotions via music-making. After receiving three months of one-on-one NRMT sessions, the client's level of depression decreases and his self-esteem is empowered because of improvised music making.

Based on the case study mentioned above, Simpson (2018) addresses that Nordoff-Robbins is a client-oriented approach which aims to improve both physical and psychological issues. NRMT offers five psychological needs:

- Comfort: Because music's consoling power can reach depths of the psyche that far surpass the level that can be reached by words

- Attachment: Because the communicative potential of improvised music means that relationships may continue unimpeded by verbal losses
- Inclusion: Because the music is created spontaneously and is incomplete without the individual's personal contribution
- Occupation: Because participative music-making concentrates the mind, encouraging the development of skills and imagination
- Identity: Because to experience oneself in dynamic relationship with another reinforces a sense of self that transcends the debilitation of a mind-dissolving disease.

Facing physical and cognitive decline is also a psychological distress for people with dementia. The distress may result in low self-esteem and a lack of sense of security. The NRMT highlights the importance of creating a safe musical environment and establishing client-therapist relationships in order to increase clients' self-esteem and a sense of security. During the improvised music-making process, clients obtain the five models mentioned above and strengthen a sense of self. The ability of music child still can be activated by a musical environment, even with physical and cognitive deterioration. The trusting client-therapist relationship is established throughout the interpersonal interactions via music-making. Clients can improve self-esteem and obtain a sense of security. Consequently, people with dementia would not be deprived of quality of life (Simpsons, 2000, p.182). Powell (2006) has similar ideas on the psychological aspects of improvisational music therapy practice in residential care homes. Powell explains that the various dimensions of service-users' experiences including psychological/emotional (e.g., respect/ support, choice/autonomy), social (e.g., intimacy, reminiscence), as well as mental/ physical (e.g., stimulation, a distraction from pain) are

important parts in music therapy sessions. Music therapists offer psychological needs through improvised music-making for people living in dementia care (p.112).

Additionally, Elizabeth Schwartz, whose early training was with Clive and Carol Robbins, has relative concepts about offering psychological needs for people with dementia. During her lecture in clinical voice class at Lesley University, Schwartz explained that developmental levels include five stages: awareness, trust, independence, control, and responsibility. The developmental levels are a framework for practice that can be utilized in a wide range of populations. Schwartz also addressed that people with dementia will gradually experience both the loss of physical and cognitive functioning. Based on her presentation, "during deteriorative processes, people with dementia gradually psychologically deteriorate from the responsibility to the awareness level. Music therapists should take the concept of developmental levels into consideration in order to provide comprehensive treatment planning".

According to Bruscia (2012), it is important for music therapists to examine the client's own personal history. The background information is valuable to determine where clients are developmentally and psychologically. Music therapists may focus on three aims: to understand a client's needs at the current stage; remediate or compensate for specific developmental disabilities, and return the client to a recurring developmental problem. In other words, the main ideas of developmental levels are providing psychological supports and improving developmental issues (p.195).

The following sections will illustrate additional explanations of each of the five developmental stages: responsibility, control, independency, trust, awareness:

Responsibility. "The ability to expand a sense of self from internalization of control to external environment, which implies the recognition of the interdependency of the self with the

external world while preserving the ability to maintain the self. In order words, people are capable of looking both inward and outward" (Schwartz, 2008, p.94).

In the responsibility stage, people are in the mild stage of dementia. There is no severe cognitive impairment in the early stage of dementia. Clients still maintain high cognitive and physical function as well as independence. However, mild memory loss may affect daily life (e.g., forgetting things or events). Clients are aware of that something is wrong and feel anxious or depressed about memory loss. It may lead to emotional behaviors, mood change, social isolation, and withdrawal.

Hence, music therapists aim to maintain clients' sense of self via improvised music-making in a group session. The role of music therapists is to build a comfortable musical environment for all group members. Group music-making can be the medium to stimulate social interactions, which allows group members to express their own feelings and thoughts with others. Schwartz (2008) believes:

> Using musical language to communicate is a similar way of reaching out and sharing the self with others. While participating in music continues to provide satisfaction for people with dementia, he or she may also develop motivation to make music in order to join in an activity that can increase social interaction. (p.95)

During group music-making processes, clients can maintain a sense of self and obtain a sense of belongingness. It can also relieve the depressed mood and anxiety about memory loss. For people with dementia in the early stage, improvised music-making is the medium to contribute their own personal music, interact with others, and support a sense of self.

Control. "As people move into the level of control, they can use their cognitive abilities and communication skills to make choices. These choices become integrated in to the self.

Control of actions and thoughts allows people to develop a sense of self. Gaining control also can increase confidence and self-esteem" (Schwartz, 2008, p.84).

In the stage of control, the symptoms of dementia keep deteriorating which interferes with clients' independence and autonomy. For example, people with dementia need more personal care and assistance regarding the loss of cognitive function and motor skills (e.g., difficulty with problem-solving and complex tasks, trouble to organize or express thoughts). Moreover, the loss of cognitive abilities may result in impairment of expressive language. It could be difficult for them to express their thoughts and personal opinions. Clients gradually lose opportunities of control. They may present negative moods, apathy, withdrawal, and low self-esteem.

Schwartz (2019) believes music therapists should provide choices for clients and offer the opportunity to complete tasks by themselves. As a result, people with dementia still have the ability of control. For instance, music therapists can encourage clients to do simple tasks (e.g., imitate the music therapist' movement, sing along with the music therapist, improvise with the music therapist, share personal stories with the music therapist, and so on). Additionally, music therapists can provide different choices for clients (e.g., create song lists together, choice of instruments). Schwartz (2008) explains:

> Clients at this level are beginning to define their musical preferences and are using verbal, cognitive, and motoric skills to make choices known to those in their environment. A wide variety of songs, musical material, and instruments give these people with dementia the opportunity to select, experience, and accept or reject a musical choice. (p.88)

The opportunity to experience control stimulates the client's brain and increases the interaction with music therapists. As a result, people with dementia at this level are able to activate cognitive

functions, build confidence, and improve a sense of self via controlling. They can feel respectful and independent during music therapy sessions, even though they are facing the deterioration of cognitive and physical functions.

Independence. "The person gaining independence can have experiences separate from another person. He or she can create the opportunity for experience in response to his or own internal motivation" (Schwartz, 2008, p.75).

In the stage of independence, people with dementia are at the moderate stage. Clients may experience increasing confusion, poor judgment, greater memory loss, and they need more assistance with tasks. Confusion may make clients feel anxious and lead to agitation or emotional behaviors. Moreover, larger group work (group members more than 5 people) is not suitable for people at the moderate stage due to low functioning. One-on-one or small group sessions are ideal settings for people with dementia, because music therapists are able to provide more assistance and specific personal care.

Music therapists are well advised to simplify instructions and use more gestures or musical cues in order to reduce clients' confusion. For example, music therapists use songs that clients prefer, provide stable beats and simple melodic lines, offer percussive instruments rather than complex melodic instruments, and have more nonverbal interaction (e.g., eye contact, body language). Additionally, music therapists need to observe clients' thoughts, reactions, facial expressions, and body language to adjust the therapeutic goals as well as provide assistance. As a results, clients can understand what is going on during music therapy sessions and feel more comfortable staying with music therapists. Schwartz (2008) explains:

> Clients of this level can use gestures, vocalizations, and some words to communicate preferences and dislikes. Sometimes internal needs and wants are greater than expressive

powers, and clients will let music therapists know their needs through behavior. Music can be an avenue to either calm the distraught client or else give voice to their complaints. (p.78)

Although clients have difficulty with verbally expressing their emotions and thoughts, they still can interact with music therapists via gesture, body language, and facial expression. Musical improvisation breaks through verbal restrictions and barriers. Music therapists can create a simple and comfortable musical environment for clients through music-making.

Trust. "Within the level of trust, the person reaches out and finds a response that helps to form a perception of the world as a place that has meaning, reliability, and safety. Trust is the structuring and organization of response to awareness. Trust also means looking inward and finding constancy and stability" (Schwartz, 2008, p.67).

Developing trust is significant for people with dementia at the moderate stage. There is a rapid increase in anxiety and depression due to physical, cognitive, and mental challenges. Personalities and behavioral changes, including suspiciousness, wandering, compulsive or repetitive behavior, delusion, and delirium. For example, sundowning syndrome is a neurological phenomenon associated with increased confusion and restlessness in patients with dementia during the moderate stage. The symptoms may include increased general confusion, agitation, mood swings, anxiety, and so on (Khachiyants, Trinkle, Son, &Kim, 2011).

Due to the fact that clients are lacking of a sense of security which results in aggressive or emotional behaviors, music therapists need to involve familiar elements as well as repetitive and stable musical materials into music therapy sessions. For example, music therapists can improvise based on clients' familiar songs or use repetitive musical elements. In other words, the repetition can make clients feel stable and build a sense of security during improvised music-making. Schwartz (2008) explains:

> Developing trust through musical experiences relies heavily on the characteristics that make music a unique communication form. Repetition is fundamental to the nature of so much of music. Melody and melodic rhythm maintain their "sameness" with each rendition. Small changes in either the melodic contour or rhythm organization are recognized as being different but do not interfere with recognizing the music as familiar. (p.71)

Repetition and sameness provide a predictable and consistent a musical environment for clients. These are essential elements in the development of trust through music. Eventually, clients not only develop a sense of security and improve the symptoms of sundrowning, but also establish trusting relationships with music therapists.

Awareness. It is such a fundamental concept that it is often difficult to grasp its absence. Awareness is the beginning of thoughts and feelings. It is an awakening of the senses of physical and sensual being. Awareness can be present without an understanding of language (Schwartz, 2008, p.75).

In the stage of awareness, people with dementia are in the final stage. The dementia symptoms are severe. As cognitive function keeps worsening, clients lose the ability to respond to the external environment, control physical movement, and verbally communicate. Hence, clients need to receive comprehensive assistance with daily activities and personal care. Although it is difficult for clients to improvise with music therapists, clients still gain a sense of awareness through music which is supportive and accompanying.

Music therapists support clients via musical accompany. For example, music therapists improvise based on clients' heart rate and breathing in order to create a supportive musical environment. Singing with clients' names is an effective way to interact with clients, since people in the late stage of dementia still can be aware of their name. Furthermore, music

therapists include clients' familiar songs into musical improvisation which makes clients feel safe. Schwartz (2008):

> Musical experiences for people who are in the level of awareness is simple and repetitive. The musical experience is usually short in duration and transitory in nature. It can be as simple as two connected pitches perceived as a melody or the repetition of a movement or sound. As people gain awareness, music can be a medium to allow then receive external environments and interact with people beyond verbal communication. (p.61)

Musically being with clients and holding a musical environment are the important goals for people in the level of awareness. Although clients lose the ability of communication, they still have awareness to feel the external environment. During music therapy sessions, music therapists make clients feel supported and held through musical improvisation.

The concept of development levels is a well-developed framework to work with people with dementia. Elizabeth Schwartz combines beliefs of Nordoff-Robbins Music Therapy with development levels. Although it originally was developed for young children, she emphasizes the concepts can be utilized for all ages. The musical environment can offer psychological needs for people with dementia. Improvised music-making allows clients to express their emotions and feelings without any limitations or restrictions. The following paragraphs will introduce specific techniques for improvised music-making based on the beliefs of Nordoff-Robbins Music Therapy and the concepts of developmental levels.

The ability to improvise musically is an indispensable requirement for practicing Nordoff-Robbins Music Therapy. Music therapists employ the voice, piano, and other musical instruments to interact with clients, depending on the client's needs and abilities (Bruscia, 1987, p.63). The skill of the therapist is brought into play in providing an appropriate musical frame or

context for matching, mirroring or reflecting the client's expressions through using musical material. The therapist pays close attention to responding musically to the quality, timbre, pitch, dynamics and inflection of the client's vocal, instrumental and body expressions (Wigram, Pedersen, & Bonde, 2002, p.127). Moreover, the ability of musical improvisation enables music therapists to build a musical environment which establishes a close clinical relationship with clients in a client-oriented way. Hence, the techniques which utilize improvisation are a crucial factor of intercommunication between the music therapist and the client. There are five sections below to introduce the specific techniques.

Using familiar songs. Cheong et al. (2016) explain that "familiar music from the past can assist in memory recall and elicit memories associated with positive feelings. It may also redirect patient's attention from confusing stimuli and consequently ameliorate anxiety and agitation" (p.271). It is difficult for people with dementia to make music via atonal or free improvisation. Extemporization is one of the skills of improvisation which improvises from a known song or a piece of music into something more improvised and perhaps more personally expressive. It is very flexible and client-oriented because the music therapist can return to the original composition or song at moments when the client presents any insecurity, confusion or resistance (Wigram, 2004, p.114).

Musical-matching. Due to the fact that people with dementia may lose the ability to verbally communicate, music therapists need to discern clients' movements, vocalisations, gesture, and facial expression during music therapy sessions. Practitioners of NRMT believe that musical-matching refers directly to the tempo, intensity, pitch, tempo, timbre, melodic line of clients' voice or playing, and to their movement. The main belief of musical-matching is creating a musical environment for clients who can feel supportive, being with therapists, and being

understanding. Music therapists would support clients rather than altering clients' musical expression (Pavlicevic et al, 2015, p.666).

Musical framework. In order to build a safe musical environment for people with dementia, music therapists utilize repetition and consistency to develop musical familiarity through recognition. Music therapists use repetitive and recognizable musical elements (e.g., rhythm, harmonic structure, metre, melody, speed, scales, timbre, register) to create a musical framework that can comfort clients' agitation, anxiety, and confusion. Once clients get involved in a stable musical structure, they can develop a sense of security and express their emotions and thoughts freely (Pavlicevic et al, 2015, p.666).

Musical interaction. Improvised music-making can be a medium to have more interpersonal communication with clients. During the music process, music therapists adopt musical interaction via calling clients' names, playing instruments, singing songs, and building client-therapist relationships. Furthermore, "using silence as a strategy to raise clients' levels of alertness and to refocus them onto music therapists and on shared music-making. Music therapists introduce rest into the music, then re-engage clients" (Pavlicevic et al, 2015, p.667). Based on clients' reactions, music therapists know when to hold clients' music, ground clients' emotions, and use silence. Through improvised music-making, music therapists use eye contact, body movement, and musical interactions to help clients connect with music therapists. Additionally, Pavlicevic et al (2015) believe in order to make musical interaction, music therapists need to be multi-tasking and highly mobile especially during group music therapy sessions. In other words, music interactions help clients to connect with music therapists, with other group members, and to the music. During the music interactions, music therapist should to be multi-tasking because they need to pay attention to clients' reactions and musical expressions.

"Being mobile enables music therapists to switch between engaging with individuals, with a subgroup or the whole group" (p.668). Consequently, people with dementia are able to have more social interaction with music therapists or other group members via musical interaction.

Tempo-Dynamics Schema. Nordoff and Robbins (2007) suggest that the development of expressive musical mobility stimulates an affective dimension of personal involvement in making music. Tempo-Dynamics Schema is a spectrum which was invented by Nordoff and Robbins. It can guide music therapists to interact with clients' musical expressions. In the schema, four quadrants are included: Fast, Slow, Loud and Soft. Each quadrant represents the condition of emotions and characteristics of the clients' music. Furthermore, there are two states: condition determined (i.e., the handicapped) and normal music experience (i.e., people who are able to normally interact and communicate with others.) The music therapist is able to assess the client's emotions and feelings through the client's musical expression, such as tempo and dynamics, in a sensitive way, based on the Tempo-Dynamics Schema. For instance, if the client's condition determined state presents a fast tempo and loud dynamic, the client's characteristics in a music therapy session may express hyperactivity and nonresponsive assertiveness. The schema enables the music therapist to adjust the musical improvisation in order to interact with the client, according to his or her responsiveness, emotions, feelings and personality. Nordoff and Robbins (2007) believe that the Tempo- Dynamics Schema is a clinical map for therapy in that it provides orientation in the field of active musical expression, and practical guidance for creative techniques. How to utilize the Tempo-Dynamics Schema in clinical work is an important portion of NRMT. Nordoff and Robbins (2007) advocate that changing the tempo and dynamic is crucial to the success of the music therapy session. The

client is able to enhance the capability of self-expression as well as experience the various tempos and dynamics in order to access the normal musical experiences.

These techniques could be adopted in both one-on-one and group settings in terms of clients' ability and functioning. Pavlicevic et al. (2015) explain that Nordoff-Robbins music therapists are sensitive, responsive, supportive, flexible, multi-tasking, and mobile in order to create a musical environment for people living with dementia. Music therapists utilize these client-oriented techniques to relieve clients' cognitive and psychological issues (e.g., agitation, disorientation, disruption to sense of self, confusion). By using improvised music-making, music therapists collaborate with clients to obtain a variety of goals (e.g., increase communication, connection with past life and identity, confidence, engagement, and sustained attention). According to clients' needs, music therapists provide suitable settings and treatment plans for them. For example, for people with early stage dementia, the main goals aim to decrease negative mood and increase social interaction with others. Group therapy will be an ideal setting for people in the early stage. Music therapists can have more complex musical interactions with clients and make group improvisation which allows all group members to musically communicate with others. For people with moderate stage dementia, using Tempo-Dynamics schema can examine clients' moods, thoughts, and expressions, since clients may lose the ability of verbal communication. For people with severe stage dementia, musical matching and musical framework can make clients feel supported and held, even though they are in palliative care.

As a result, NRMT respects individuals' differences and abilities. It is a music-centered approach. Music therapists use the specific techniques of musical improvisation to interact with the client in order to improve expressive freedom and creativity, communicativeness, self-confidence, and independence. People with dementia still need to obtain psychological needs,

especially if facing the loss of physical and cognitive functions. NRMT is a client-oriented approach which aims to create a safe musical container and build trusting client-therapist relationships. The five techniques (using familiar songs, musical-matching, musical framework, musical interaction, and tempo-dynamics schema) have similar beliefs with Elizabeth Schwarts' developmental levels. Based on articles mentioned previously, the main belief of NRMT could be utilized in dementia care settings.

Discussion

In this literature review, the studies and articles illustrate the positive effects of Nordoff-Robbins Music Therapy on people living with dementia and provide research and resources which relate to NRMT approach in dementia care settings. Within the literature review, the research and articles find that NRMT is a well-developed approach which can be utilized in a wide range of populations (e.g., from premature infants to palliative care). Since 1958, the main belief has aimed to create a safe musical environment which activates the music child (Mahoney, 2016, p.44). Consequently, clients can express their inner-self and explore a sense of self via improvised music-making. The emphasis on client-therapist relationships is the significant feature of NRMT. The NRMT advocates believe music therapists should collaborate with clients. The collaborative improvisation is a vital portion of NRMT. Music therapists and clients are able to interact with each other via mutual improvisation. Improvising is viewed as the method that engages the clients most effectively in self-expression and establishes trusting relationships with therapists.

Based on a variety of quantitative and qualitative methods, NRMT researchers prove that NRMT is an effective music therapy approach for people with dementia. Cheong et al. (2016) address that NRMT reduces negative emotions, increases social interactions, and cares for and

prevents the loss of cognitive abilities due to the effect of improvised music-making on general well-being and quality of life. It may also fulfil a person's unmet needs for self-expression, achievement, meaning, and purpose (p.270). Pavlicevic et al. (2015) emphasize that some of Nordoff-Robbins music therapists have worked with people with dementia for a long time. The evidence showed that improvised music-making effectively reduces the symptoms of sundowning, and provides a more supportive environment for people living in dementia care settings (p.670). Simpson (2000) provides a detailed case study to explain the power of music-making and client-therapist relationships. It is the key to establish a musical environment for people with dementia. During the process of improvised music-making, clients can communicate emotions, thoughts, and expressions with others within a musical environment.

In addition to the research of NRMT, the NRMT practitioner, Elizabeth Schwartz highlights the importance of development levels. She was influenced by Nordoff-Robbins Music Therapy in her early training, where she developed a concept of developmental levels (e.g., responsibility, control, independence, trust, awareness). Schwartz (2008) advocates every individual has his or her own developmental levels. It is important for music therapists to understand clients' physical and psychological needs in each developmental level. Only if music therapists are aware of the clients' needs are clients able to obtain treatment goals in music therapy sessions. For people with dementia experiencing degenerative cognitive impairment, music therapists should support them based on their own developmental levels. The concept of developmental levels also connects to the specific techniques of Nordoff-Robbins Music Therapy. Improvised music-making is the main method of Nordoff-Robbins Music Therapy. It involves five techniques (e.g., using familiar songs, musical-matching, musical framework,

musical interaction, Tempo-Dynamic Schema) which shows effective improvement on people living with dementia (Pavlicevic et al., 2015; Nordoff , Robbins &Marcus, 2007).

In conclusion, NRMT practitioners start doing research about the effect of improvised music-making on dementia care settings due to the increase of population currently. However, this professional field still needs more quantitative, qualitative, and mixed method approaches to examine the efficacy of NRMT for people with dementia. Within the literature review, I found that the lack of related academic resources makes the process more challenging. From my viewpoint, the NRMT practitioners should expand the Nordoff-Robbins approach to people with dementia by doing more relative research and providing the clinical practice experience for music therapists who are interested in NRMT and would like to work with the dementia population. I believe the further resources and research can benefit music therapists-in-training to explore the NRMT approach and develop their own clinical musicianship. The recommendation for future study includes exploration of specific improvised techniques for each stage of dementia and how music therapists can utilize the concept of developmental levels based on clients' physical and psychological needs. As dementia care is a long-term therapeutic process for music therapists and clients, the irreversible cognitive impairment could be a stressor for people living with dementia. NRMT could be one of nonintrusive and effective intervention to alleviate pain, relieve anxiety, decrease confusion, and maintain quality of life. This literature review demonstrates there is still a need for additional research which provided more recommendations and suggestions for music therapists working with this population.

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